

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-879)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT								
	IN.	DEF.	IN.	DEF.	IN.	DEF.		IN.	DEF.	IN.	DEF.	IN.	DEF.
1							61						
2							62						
3							63						
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46													
47													
48													
49													
50													
TOTAL IN.	3						TOTAL IN.						
TOTAL DEF.	6						TOTAL DEF.						
TOTAL	9						TOTAL						